

HIV and AIDS in Maine

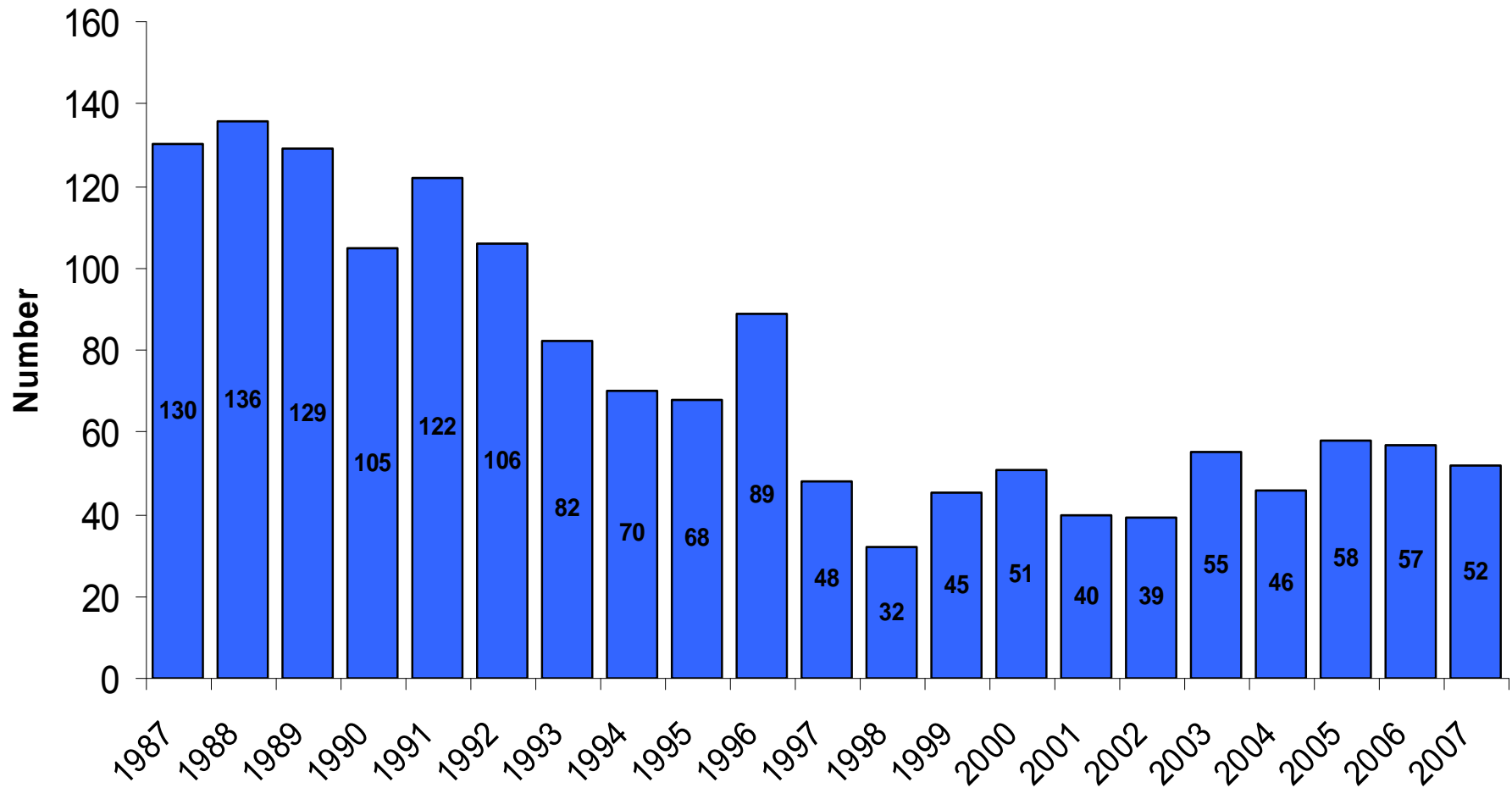
Data from the Maine CDC
HIV, STD and Viral Hepatitis Program

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Overview

- The Maine Center for Disease Control and Prevention (formerly the Bureau of Health) collects data for approximately 71 diseases of public health importance, including HIV and AIDS.
- The following slides highlight HIV and AIDS data received through December 31, 2007. Each data slide is followed by a “comments” slide that provides interpretation and analysis.
- Maine physicians and clinical labs are required to report diagnosis of HIV and AIDS to Maine CDC within 48 hours. Disease reports provide critical public health information that can be used to determine: the burden of HIV/AIDS in Maine, the effectiveness of prevention measures, and to plan future interventions.

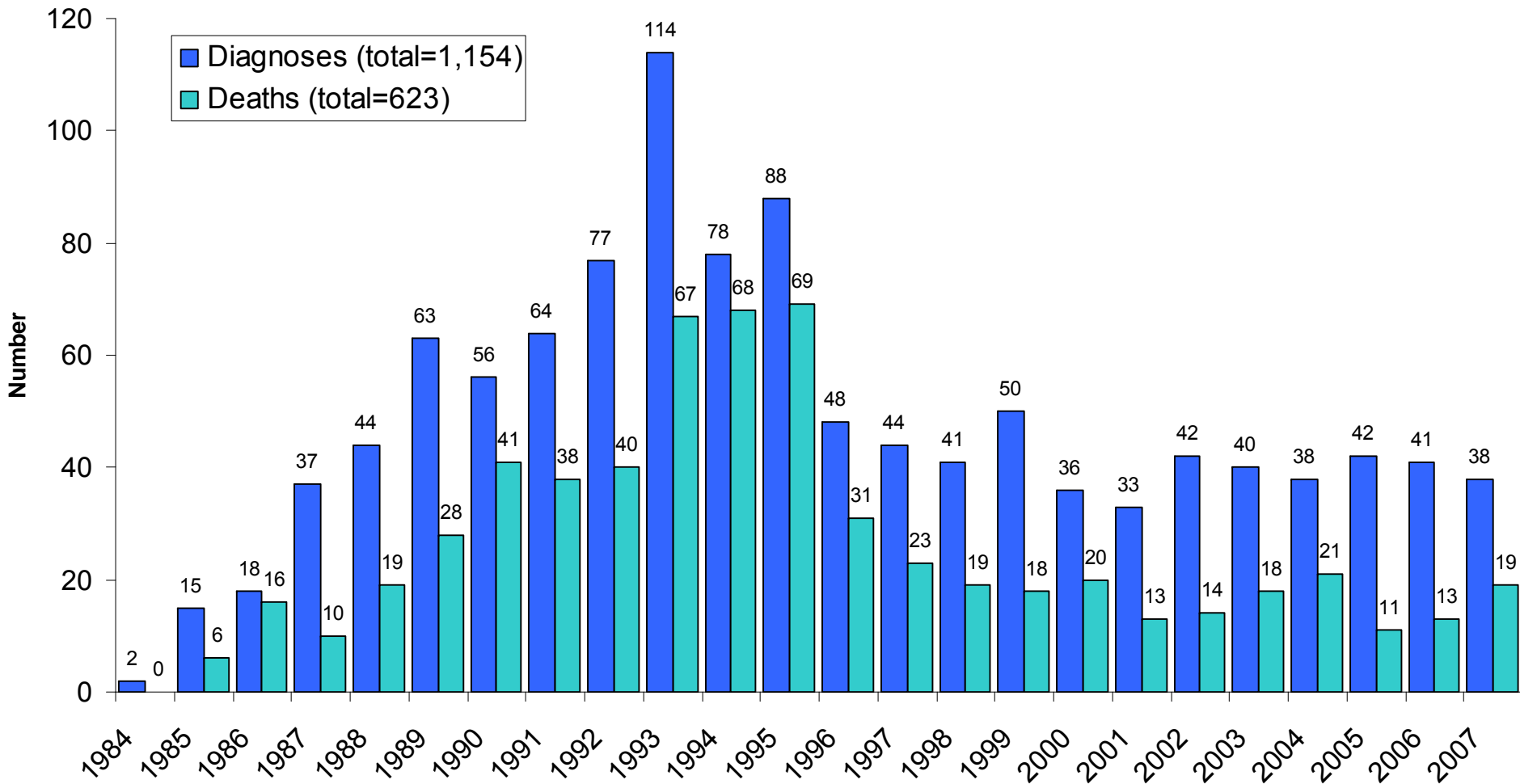
Figure 1: Maine HIV Diagnoses, 1987 to 2007



Comments, Figure 1

- Figure 1 illustrates annual total new HIV diagnoses in Maine over the last 20 years (1987 to 2007).
- Annual totals of new HIV diagnoses declined steadily from the late 1980's and have remained relatively stable in recent years.
- Fifty-two new HIV diagnoses were reported during 2007, including 5 females and 47 males. This represents a slight decline from 2006, when a total of 57 cases were reported.
- It is important to note that not all new HIV diagnoses represent new infections. During the past 5 years approximately 44% of people diagnosed with HIV were ill enough to be classified with AIDS within one year of their initial confirmed HIV+ test, likely indicating that they'd been infected with HIV for a long while.
- Approximately 1,174 people are estimated to be living in Maine with diagnosed HIV infection. In addition, Maine CDC estimates that about 300-500 persons in Maine may be infected but unaware of their HIV status. The total estimate of people living with HIV in Maine is approximately 1,600.

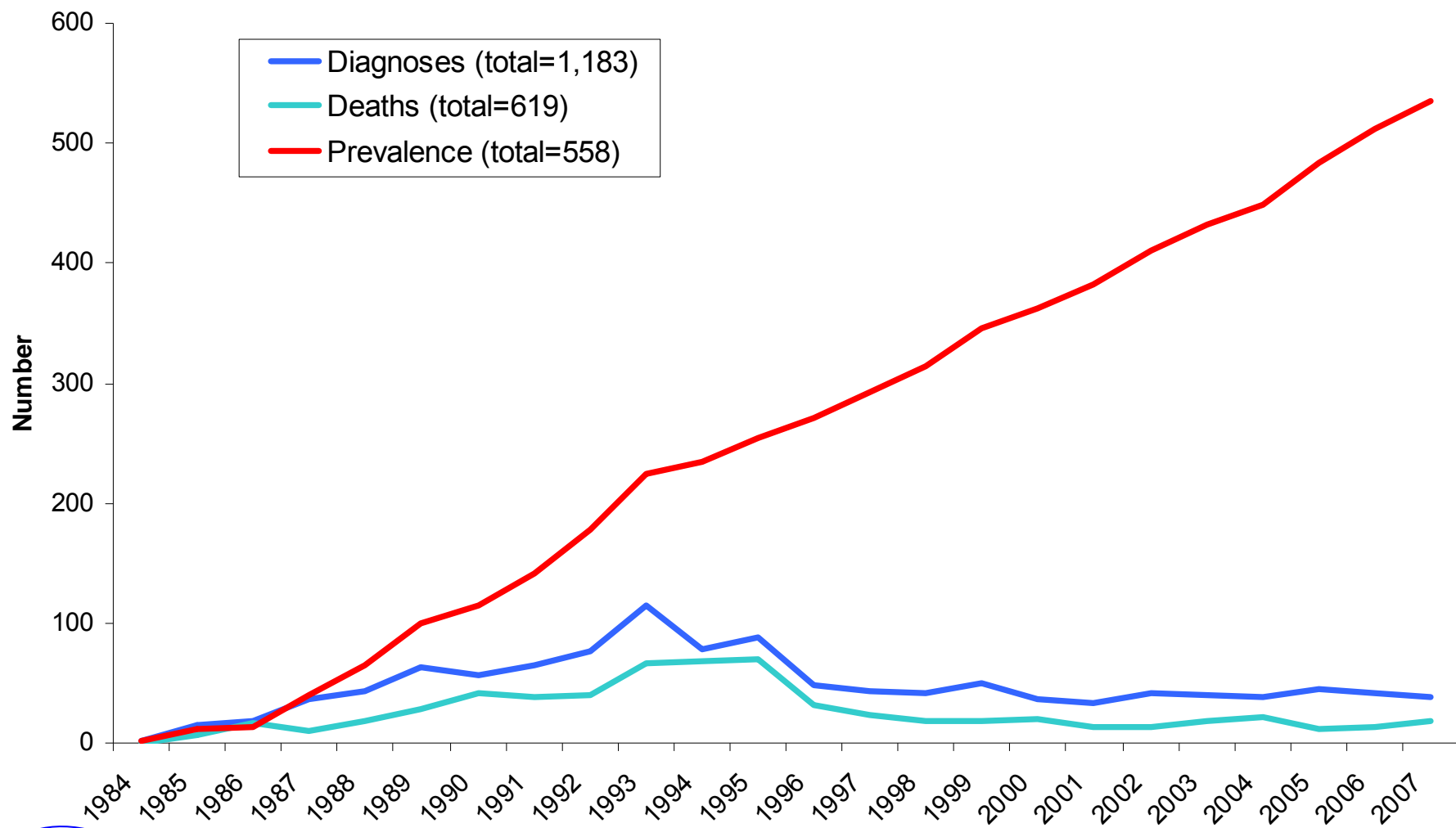
Figure 2: Maine AIDS Cases and Deaths Among Persons with AIDS, 1984-2007



Comments, Figure 2

- Figure 2 illustrates Maine AIDS diagnoses by year of diagnosis from 1984 to 2007, and reported deaths among persons with AIDS from 1984 to 2007. Thirty-eight people were diagnosed with AIDS in Maine during 2007, with 19 deaths among people living with AIDS.
- These data do not reflect persons who were diagnosed with AIDS outside of Maine and subsequently moved to the state.
- Since the mid-1990's, there has been a steady decrease in both new AIDS diagnoses and deaths until 2005 when the number of AIDS deaths in Maine was at it's lowest point. Since 2005, there has been a slight increase in the number of reported deaths among people with AIDS.

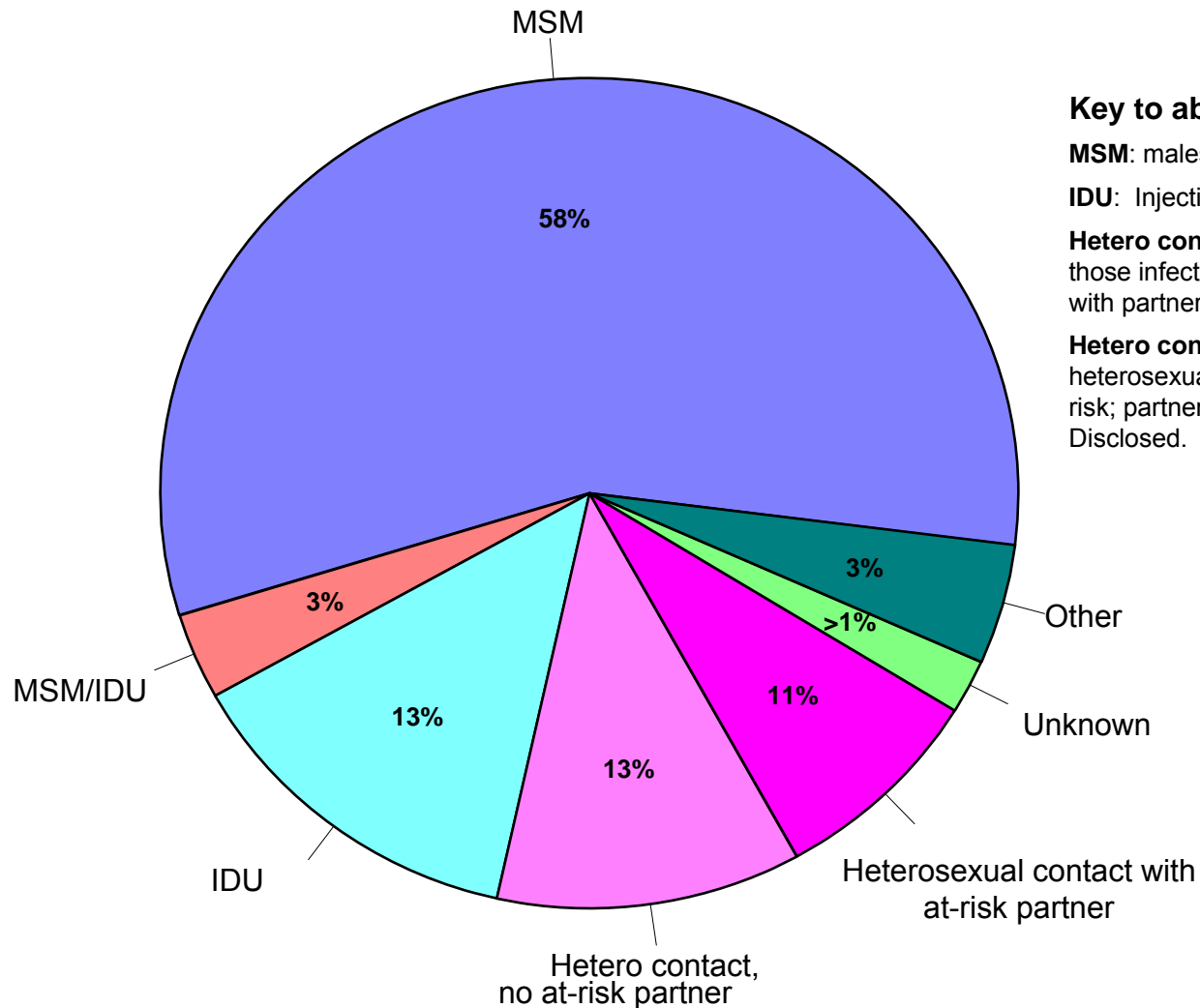
Figure 3: Maine AIDS Cases, Deaths and AIDS Prevalence, 1984 to 2007



Comments, Figure 3

- Figure 3 shows three trend lines spanning the years 1984 to 2007: the blue line represents new Maine AIDS diagnoses by year of diagnosis; the green line shows annual deaths among patients with AIDS; and the red line shows the total number of people living with AIDS.
- Each year since 1985 there have been more new AIDS diagnoses than deaths, meaning that the overall number of people living with AIDS has continued to increase over time. These data suggest that there are more people living with HIV/AIDS in Maine than ever before.

Figure 4: People Living with Diagnosed HIV Infection¹,
Mode of Transmission (total = 1,174)



Key to abbreviations:

MSM: males who have sex with males

IDU: Injection drug users

Hetero contact with at-risk partner: Includes those infected through heterosexual contact with partners known to be MSM, IDU or HIV+.

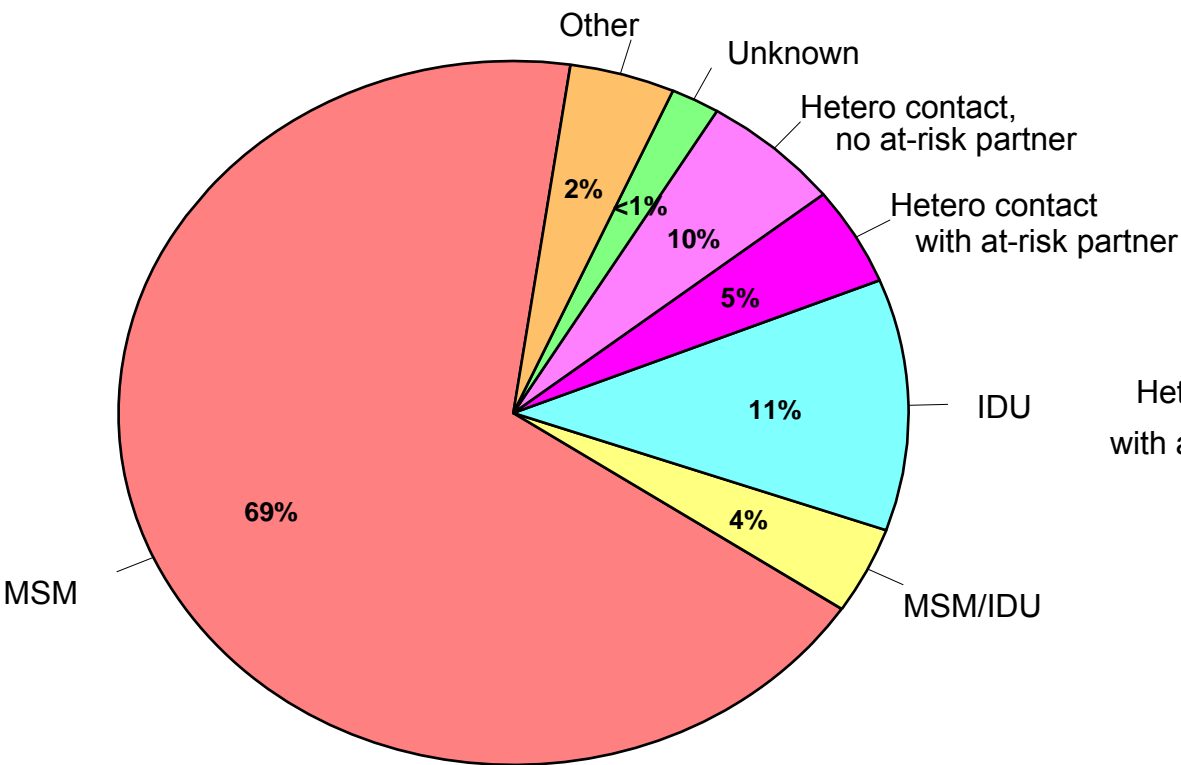
Hetero contact, no at-risk partner disclosed: heterosexual contact disclosed as sole HIV risk; partner risk factors not known or not Disclosed.

Comments, Figure 4

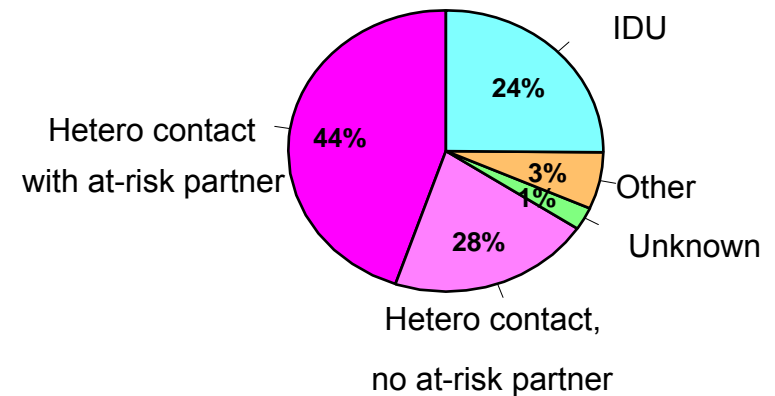
- Figure 4 shows the mode of HIV transmission for people living with diagnosed HIV infection in Maine.
- Approximately 58% of all diagnoses were attributed to male-to-male sexual contact, followed by sharing needles during injection drug use, at 13%. Another 3% of individuals had a dual risk of male-to-male sex and injection drug use.
- Heterosexual sex with an at-risk partner accounted for approximately 11% of infections. Another 13% of individuals reported heterosexual sex with a non-at-risk partner.
- Mode of transmission was unknown or undisclosed for less than 5% of diagnoses.

Figure 5: People Living with Diagnosed HIV Infection¹, Mode of Transmission by Sex

Males (total=984)



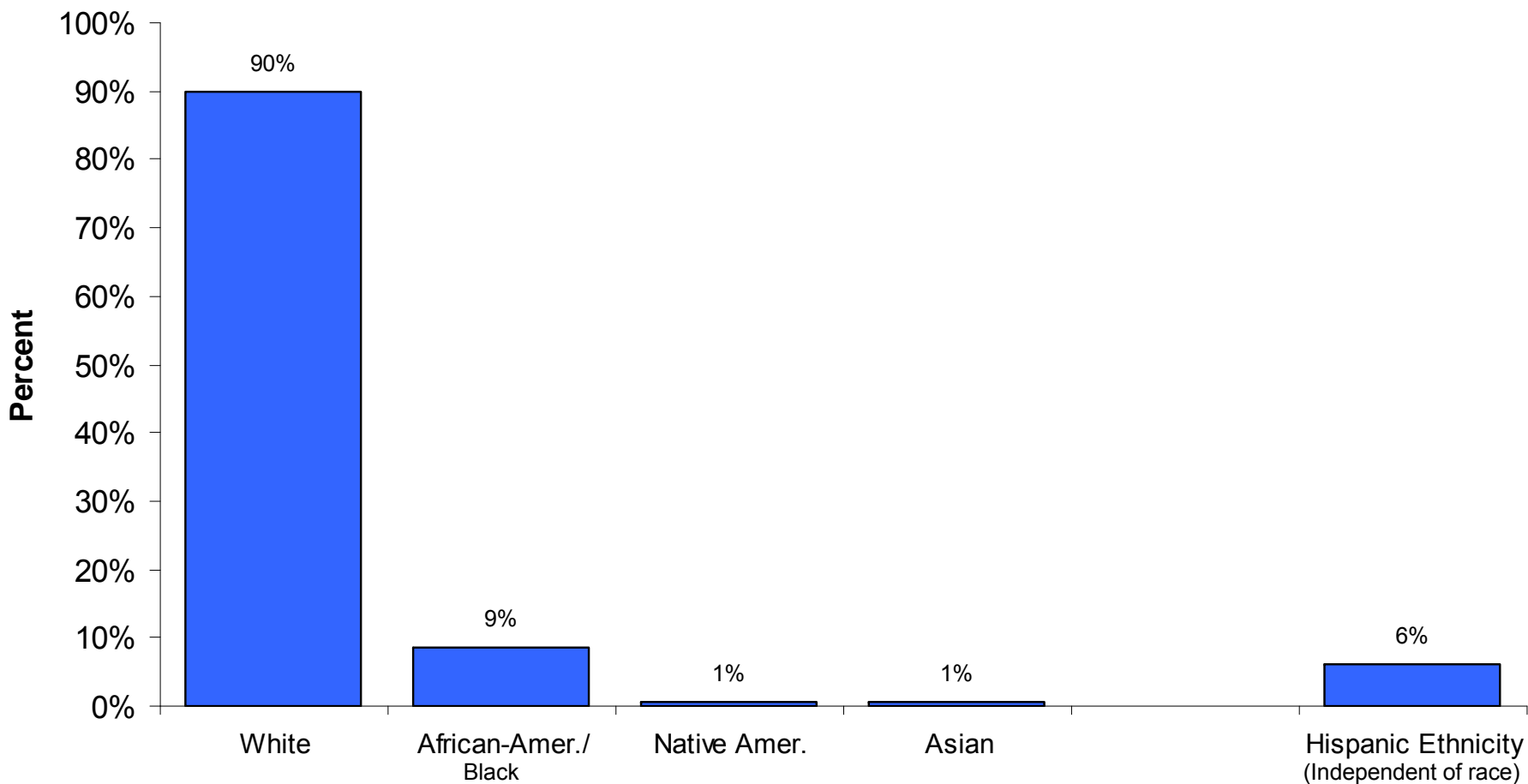
Females (total=190)



Comments, Figure 5

- Figure 5 contains the same information shown in Figure 4, but shows mode of transmission in males and females. The size of each circle illustrates the overall proportion of male and female diagnoses.
- An estimated 84% of people living with diagnosed HIV infection are male and 16% are female. The large proportion of males is due to those infected through male-to-male sex, as well as the fact that a majority of injection drug users living with diagnosed HIV (69%) are male.
- Accordingly, among males, a majority were infected through male-to-male sex, followed by injection drug use. For females, the majority were infected through heterosexual contact with an at-risk partner, followed by injection drug use.

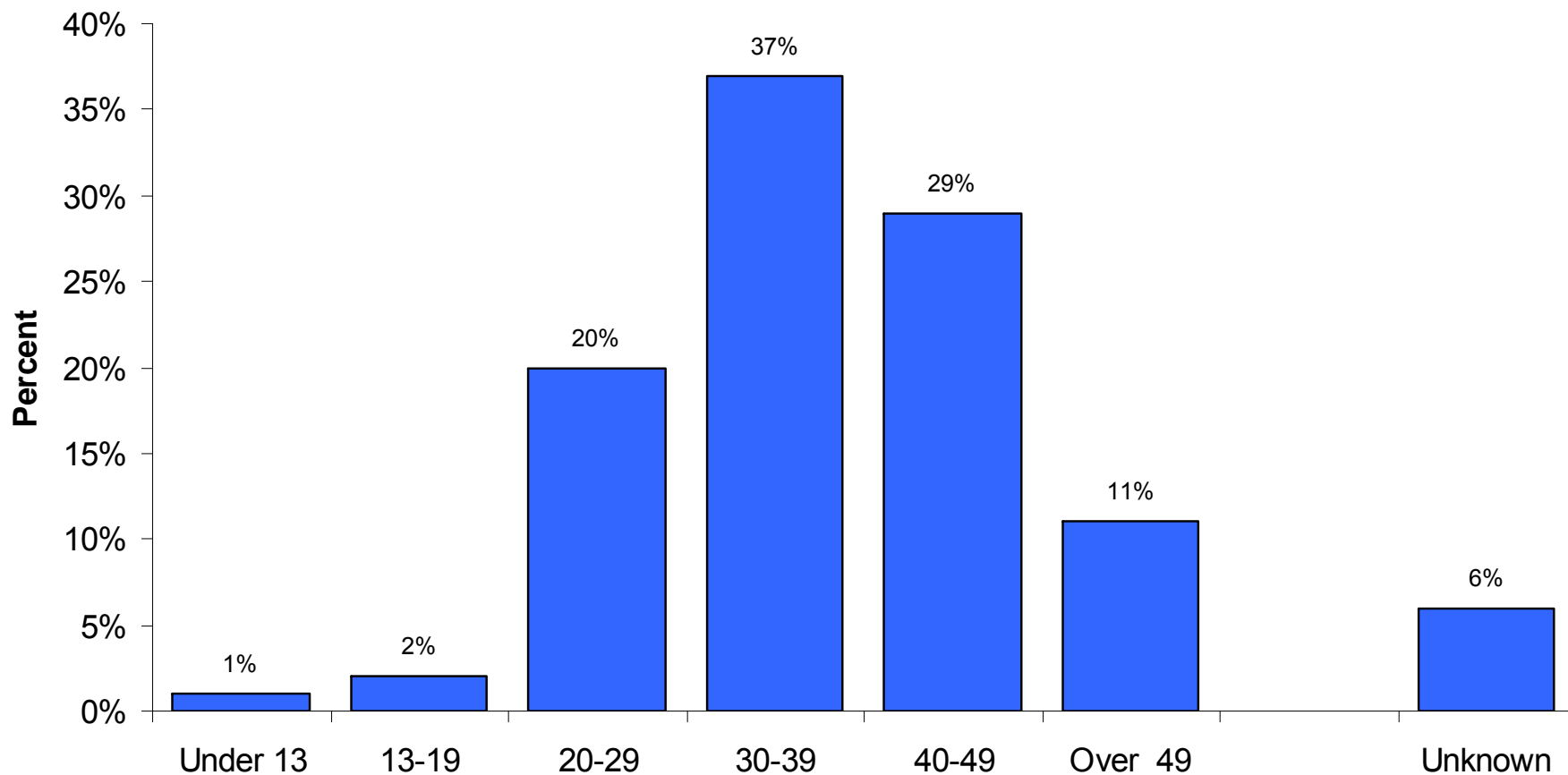
Figure 6: People Living with Diagnosed HIV Infection¹ Race and Ethnicity (total=1,174)



Comments, Figure 6

- Figure 6 shows the race and ethnicity of people living with diagnosed HIV infection in Maine.
- The majority of cases, 96%, were among individuals identified as White. This total includes approximately 6% of individuals identified as White and Hispanic.
- While the non-White and Hispanic population of Maine comprises approximately 3% of the state's total population (2000 US Census), about 16% of people living with diagnosed HIV were from racial/ethnic minority groups. The most prominently represented among these groups is African-Americans, comprising 9% of total diagnoses.

**Figure 7: People Living with Diagnosed HIV
Infection¹
Age at First HIV Diagnosis (total = 1,174)**



Comments, Figure 7

- Figure 7 shows the age group at HIV diagnosis for people living with diagnosed infection.
- Twenty-two percent of individuals were between 13 and 30 years of age when diagnosed, meaning that many could have been infected while in their teens or early twenties.
- The majority of individuals were thirty or older when diagnosed.
- A small proportion, less than one percent, were diagnosed with HIV as infants.

Table 1: People Living with Diagnosed HIV Infection¹ by Maine County
 (Counties are listed in rank order by rate per 100,000 population)

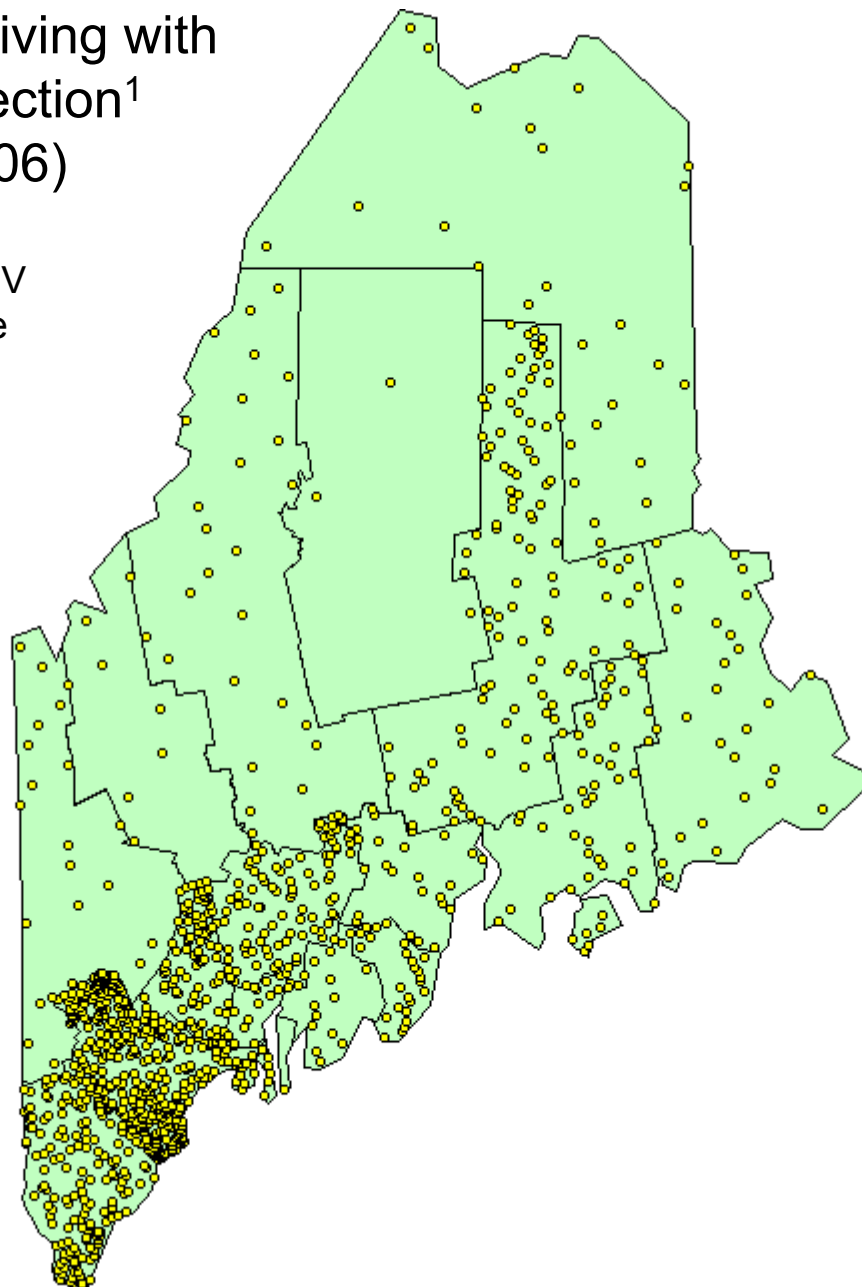
County	Rate per 100,000 pop	Number of cases
Cumberland	148.5	408
Androscoggin	97.6	105
Kennebec	94.1	114
Hancock	89.2	48
State of Maine	88.8	1,174
York	84.0	170
Waldo	69.7	27
Washington	69.0	23
Knox	63.2	26
Penobscot	63.2	93
Somerset	53.5	28
Sagadahoc	48.8	18
Lincoln	48.2	17
Oxford	43.7	25
Aroostook	42.5	31
Franklin	29.9	9
Piscataquis	11.3	2

Comments, Table 1

- Table 1 shows the estimated prevalence and rate per 100,000 population by county of residence for people living with diagnosed HIV infection in Maine. Counties are listed in rank order by rate. The statewide rate is included in the rank order.
- Four counties, Cumberland, Androscoggin, Kennebec, and Hancock have rates that are higher than the statewide rate.
- People living with diagnosed HIV reside in all Maine counties.

Figure 8: People Living with Diagnosed HIV Infection¹ (total = 1,124 in 2006)

Each dot represents one HIV or AIDS diagnosis. Dots are randomly placed within each county.



Comments, Figure 8

- Figure 8 maps data shown previously in Table 1. Each dot on the map represents one person living with HIV or AIDS in Maine, and shows county of residence at diagnosis.
- Dots are randomly placed within each county.
- It was estimated that in 2006 1,124 people in Maine have an HIV or AIDS diagnosis.